

# MT. ZION BAPTIST CAMP REGISTRATION 2023

\$125.00 per camper

Check which Camp you will attend

Camp	Date of Camps	Camp starts	Deadline	Completed Grades
_____ Girls	July 10 - 14	3:30	Friday, June 30	3 - 6
_____ Youth	July 17 - 21	3:30	Friday, July 07	6 - 12
_____ Boys	July 24 - 28	3:30	Friday, July 14	3 - 6

**NO WALK-INS ALLOWED at Any Camp – STRICTLY ENFORCED!!**

Camp check-in time for camps are on Monday at 3:30 All camps end on Friday at 11:00.

2023 Mt. Zion T-Shirts! (Adult sizes)

Circle Size: SM MED LRG XL XXL XXXL

**TAKE NOTICE: Campers are NOT allowed to leave & return unless it is an emergency!**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Next Year: \_\_\_\_\_ Sex: \_\_\_\_\_

Name You go by: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Church you attend: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ City / Zip: \_\_\_\_\_

Street Address: \_\_\_\_\_

For pictures taken during camp please list your gmail account: \_\_\_\_\_

**Answer Yes or NO**

\_\_\_\_\_ **Allergies or Medications see # 6**  
**Medication MUST be in original container**  
**Only send the amount needed for week.**  
**If yes explain in detail on reverse side**

Physician: \_\_\_\_\_

Insurance: \_\_\_\_\_

Group or Policy #: \_\_\_\_\_

**IMPORTANT Information on Back!!**  
**PLEASE READ: Signature REQUIRED!**

**NO Refunds after the deadline for camper's registration has past:**

Signed \_\_\_\_\_  
(Parent or Guardian)

**Parental Permission:**

Camper has my permission to swim while at camp: **Circle one: Yes No**

I give my permission for my child's picture to be taken and posted on Facebook

**Circle one: Yes No**

In case of emergency I grant permission to the physician selected by the camp director if my physician is not available to render necessary treatment: **Circle one: Yes No**

Signed: \_\_\_\_\_  
(Parent or Guardian)

**Recommendation by Pastor or Group Leader**

I recommend this camper and verify that all statements on this form are true, to the best of my knowledge.

Signed: \_\_\_\_\_

**Mail Money & Registration form to or bring to**

Mt. Zion Office  
2460 Sunny Meadow Dr.  
Jonesboro, AR 72404

FOR OFFICE USE ONLY

Date received: \_\_\_\_\_